



05-13-03

2882

RD-28,600
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

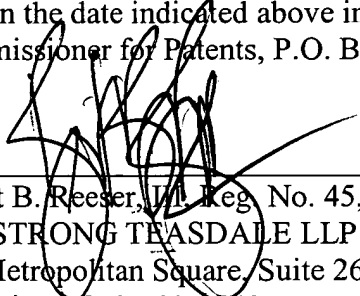
Applicant: Johnson et al. :
Serial No.: 09/973,560 : Art Unit: 2882
Filed: October 9, 2001 : Examiner: Thomas, Courtney D.
For: VOICE ACTIVATED :
DIAGNOSTIC IMAGING :
CONTROL USER INTERFACE :

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER OF PATENTS AND TRADEMARKS**Express Mail mailing label number: **EV 339986242 US**Date of Mailing: **May 12, 2003**

I certify that the documents listed below:

- Amendment Transmittal form (3 pgs.), in duplicate
- Amendment in response to Office Action dated February 11, 2003 (6 pgs.)
- Submission of Marked Up Claims (2 pgs.)
- Return Post Card

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Robert B. Reeser, Jr. Reg. No. 45,548
ARMSTRONG TRASDALE LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102-2740
(314) 621-5070

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Commissioner for Patents
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Alexandria, VA 22313-1450**

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TRANSMITTAL

1. Transmitted herewith is:

**Amendment in response to Office Action dated February 11, 2003 (6 pgs.);
Submission of Marked Up Claims (2 pgs.); Certificate of Express Mail (1 pg.);
Return Post Card**

STATUS

2. Applicant

 Claims small entity status.
 ✓ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

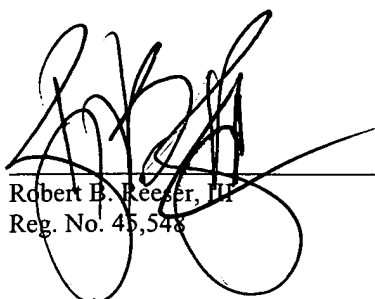
MAILING

 ✓ deposited with the United States Postal Service
with sufficient postage as "Express Mail Post Office to
Addressee" in an envelope addressed to: Mail Stop:
Non-Fee Amendment, Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, **Express Mail**
No. EV 339986242 US.

Date: May 12, 2003

FACSIMILE

 Transmitted by facsimile to the Patent and
Trademark Office


Robert B. Keener, III
Reg. No. 45,548

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ First month	\$ 110.00	\$ 55.00
_____ Second month	\$ 410.00	\$ 205.00
_____ Third month	\$ 930.00	\$ 465.00
_____ Fourth month	\$1,450.00	\$ 725.00
_____ Fifth month	\$1,970.00	\$ 985.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$9 = \$	x \$18 = \$
	MINUS		=	x \$42 = \$	x \$84 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$	+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for claims is required.

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

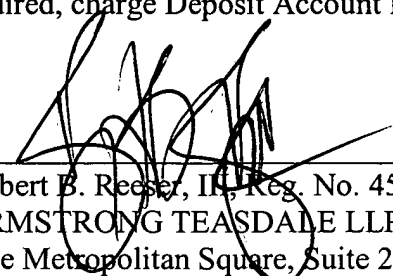
5. _____ Attached is a check in the sum of \$_____
- _____ Charge Deposit Account No. 01-2384 the sum of \$
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:


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